DIAGNOSIS PRACTICE GUIDELINE
FOR THE ELECTRONIC HEALTH RECORD (EHR)

PURPOSE

As part of the Cerner Community Behavioral Health CCBH electronic health record, each client has a single diagnostic profile that is utilized across the System of Care (SOC). With the implementation of ICD-10, the diagnostic profile contains relevant clinical information recorded in a non-axial format. This practice guideline establishes procedures for using the diagnostic profile in the EHR.

PRACTICE GUIDELINE

Each program is responsible for ensuring that the client they are treating has the correct diagnosis included in the client's diagnostic profile (Diagnosis Form). All programs shall verify that the active diagnoses are in the EHR as per the following guidelines.

When multiple outpatient programs are concurrently serving a client, they shall coordinate care around diagnoses. A Single Accountable Individual (SAI) is automatically assigned for each client in CCBH based on the priority level of the program. The SAI shall communicate with concurrent providers, and will facilitate updating the EHR.

I. EXTERNAL PROVIDER

An External Provider is a licensed health care provider who has completed an assessment of the client within the past 12-months and who is outside the mental health Organizational Provider Network. Examples include a Fee-For-Service (FFS) providers or a provider outside of San Diego County.

A. When it is not within a clinician's, or programs' scope of practice to enter a diagnosis, the clinician may use a diagnosis from an "External Provider". The begin date of a diagnosis from an external provider shall be the date of the assessment or referral. A diagnosis from an External Provider is only used when there is no other active diagnosis form in the client's EHR.

B. The clinician shall complete the "External Provider" fields. The clinician shall enter the diagnostic information provided by the External Provider, the General Medical Conditions Summary Code, the diagnoses listed in order of priority, and the Trauma question.

C. When the Administrative Services Organization (ASO) authorizes services for a FFS provider and there is no active Diagnosis Form in the client's EHR, the ASO shall complete the External Provider fields. ICD-10 Other specified, Unspecified codes or Z03.89 code may be used until a specific diagnosis is received from the FFS provider.

The ASO shall also complete the General Medical Condition Summary, and answer the Trauma Question.

II. ENTERING THE DIAGNOSIS

When it is within their scope of practice, the clinician shall complete the Diagnosis Form. When it is not within a clinician's scope of practice to diagnose, a diagnosis may be used from an "External Provider".

A. When an existing Diagnosis Form does not include the diagnoses for which a client is being treated at the program, that program shall add each diagnosis to the EHR with the date that the diagnosis was made.

8. When there is no existing Diagnosis Form, the Diagnosis Form must be completed with a mental health diagnosis that has a begin date on or before the first date of service.

C. There must be a SMHS reimbursable ICD-10 diagnosis listed as Priority 1 in order to claim for services.

D. Diagnoses may not be ended unless all programs concurrently serving the client agree. Multiple programs serving a client must coordinate with each other regarding diagnoses.

E. If a suspected mental health disorder is not yet diagnosed ICD-10 Other specified, Unspecified disorder codes or Z03.89 code may be entered until a specific diagnosis is determined.

F. On the Diagnosis Form, the diagnosing clinician shall assign a priority to each diagnosis. When a diagnosis is being added to an existing form, it will be given the next priority (based on Begin Date). A diagnosis with a higher priority number does **not** indicate that the diagnosis is more clinically relevant than one with a lower priority number. The client treatment is not affected by the priority number given to a diagnosis. Please note, a substance use diagnosis cannot be priority one.

III. DIAGNOSIS BEGIN AND END DATES

A. Changing a Begin Date

Staff may change the begin date of a diagnosis to an earlier date to cover services provided at the program. *Never* change a begin date to a later date.

B. Ending a Diagnosis

a. If the client has only one open assignment (only open to one program)
Staff may end a diagnosis if the client is no longer being treated for that diagnosis.

The end date must be on or after the last date of service for that diagnosis.

b. If the client has multiple open assignments (open to multiple programs)
Staff may end a diagnosis if the client is no longer being treated for that diagnosis at the program ***and*** all programs concurrently serving the client have been contacted ***and*** all agree to end the diagnosis. The end date must be on or after the last date of service for that diagnosis. Please note: never delete a diagnosis, only end if appropriate.

C. Managing Diagnoses

It is important to note that processes differ when a client is receiving services from more than one provider and by level of care (emergency services vs. outpatient). Remember that the client's record is now a single record across all providers involved in the care of that individual.

IV PRIORITIES FOR DIAGNOSES

A SMHS reimbursable ICD-10 mental health diagnosis must be listed as Priority 1. The priority number in CCBH does not impact client treatment but does apply to claiming functions. When a diagnosis is added to an existing form, it is automatically given the next available priority number unless staff designate otherwise.

A. Outpatient Providers:

a. When the EHR does *not* list the client's treatment diagnosis
The outpatient provider shall add the treatment diagnosis and make it priority 1.

b. When the EHR does list the client's treatment diagnosis
If the treatment diagnosis is listed, no action is required.

B. Emergency Psychiatric Unit (EPU) and Emergency Screening Unit (ESU)

a. When the EHR does *not* include the client's treatment diagnosis
The EPU or ESU shall add the treatment diagnosis and make it Priority 1.
    i. When the client leaves the EPU or ESU, the program shall end date the diagnosis that was added for that client. This will automatically return the existing diagnoses to their original priority.

b. When the EHR does list the client's treatment diagnosis as Priority 1
If the treatment diagnosis is listed as Priority 1, no action is required.

c. When the EHR does not list the existing client's treatment diagnosis as Priority 1
The EPU or ESU shall change the client's treatment diagnosis to Priority 1.
    i. When the client leaves the EPU or ESU, no action is required.

V. DIAGNOSIS CLEANUP

Programs are responsible for ensuring accuracy of diagnoses. Programs may "clean up" diagnoses that are no longer active.

A. If client is *not* concurrently open to other programs, it is recommended to end the diagnosis that is no longer the focus of treatment. DO NOT DELETE THE DIAGNOSIS; ONLY END THEM. Use the final date of services with your program as the end date.

B. If the client is concurrently open to other programs, collaboration between programs **must** occur before ending any diagnosis. It is not acceptable to end any diagnosis without coordination of care if there is more than one program providing services at the same time.

VI. SUSPENSE ITEMS A & B

A. An active diagnosis must be in place in order to claim for service. The date of diagnosis must cover all dates of service.

B. The diagnosis listed as Priority 1 must be a SMHS reimbursable ICD-10 diagnosis. A Priority 1 diagnosis may never be a neurocognitive or substance use diagnosis.

C. If there is an existing diagnosis listed that is the focus of treatment for the program, no action is required. Do not modify the existing begin date.

VII. GENERAL MEDICAL CONDITION

The "General Medical Condition Summary Code" (GMC) field is a required field on the Diagnosis form. The GMC field is part of the CSI data that is reported to the State of California. The GMC field shall reflect any general medical condition which is impacting the client's mental health. The clinician shall complete the GMC field with any medical condition as reported by the client or obtained from another source (other medical record or report) and identify in the diagnosis "Comments" box the source of the medical condition.

If the client's general medical condition is not listed in the GMC table, then "Other" shall be selected and the general medical condition shall be recorded in the diagnosis "Comments" box.

NOTE: When a physical health diagnosis is given, it must also match the GMC.